Using Collaboration to Combat Congenital Syphilis in Kern County

Congenital Syphilis Prevention

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Kern County Demographics

- Population: 865,736
  - 51% Hispanic, 37% White, 5% Black, 4% Asian
  - Median Household Income: $49,026
  - Children Living Below Poverty: 33%
  - High School Education: 73%
  - Bachelors or higher: 15%

- Geography: 8,161 sq miles
  - I-5 and 99 Fwy North/South, 58 Fwy East/West
  - Valley floor, Sierra mountains, high desert
  - 4 State prisons, 2 Federal correctional facilities
  - 2 military installations
  - Oil and agriculture
Kern County Health Outcomes

- 7th highest all-cause mortality
- Highest mortality due to diabetes
- 3rd highest mortality due to heart disease
- 7th highest incidence of infant mortality
- Highest rate of births to adolescents
- 2nd highest incidence of chlamydia
- 7th highest incidence of gonorrhea
- 3rd highest incidence of primary and secondary syphilis
- 2nd highest incidence of congenital syphilis
Kern County Primary and Secondary Syphilis Cases

*2016 cases reported as of 11/30/2016. Projection of full calendar year in red.
Kern County Congenital Syphilis Cases

*2016 cases reported as of 11/30/2016. Projection of full calendar year in red.*
Congenital Syphilis Incidence by Jurisdiction
18 Probable Congenital Syphilis Cases in 2014

Identified:

- No prenatal care
- Inconsistent prenatal care
- Failure to complete treatment
  - Late Latent cases were being closed after 1st dose of Bicilin
- Substance use
Enhanced Surveillance

- Spreadsheet of syphilis cases
- Biweekly case review
- Ensure completion of 3 doses of Bicilin
- Referral to Prenatal Case Management programs and/or Public Health Nursing
- Assistance with transport to clinic
Case Management Benefits

• Ensured completion of treatment
• Syphilis Education and Dangers of reinfection
• Provide transportation to clinic for treatment
• Determine birthing hospital and send notification
Case Management Benefits

• Ensure completion of treatment for partners
• Coordination with local jail to ensure treatment
• Coordination with local substance abuse treatment programs
Advantages of Case Management

- Linkage to prenatal care
- Education resources for mom
- High risk infant follow-up
- Linkage to car seat for infant
- Coordination with CPS
28 Probable Congenital Syphilis Cases in 2015

- 5 fetal demises, 1 perinatal death
- 79% mothers with late stage syphilis (asymptomatic)
- 54% mothers with no prenatal care
25 Probable Congenital Syphilis Cases in 2016

- 1 fetal demise (32 weeks gestation)
- 68% mothers with late stage syphilis (asymptomatic)
- 60% mothers with no prenatal care

As of 11/30/16
30 Congenital Syphilis Cases Ruled Out in 2016

- 30 syphilis(+) females whose infants did NOT develop congenital syphilis
- Mother was adequately treated for stage at least 30 days prior to delivery and infant had no S/S of congenital syphilis
Successes: Coordinated Health Care

- Coordination with delivery hospital regarding mother’s treatment history
- Infant
  - Treated in hospital
  - Referred for additional services
  - Followed by pediatrician
- Mother
  - 1st dose in hospital
  - Additional doses outpatient
  - Referred for additional services
Successes

- At least 60 infants born in 2015 and 2016 to syphilis(+) mothers NOT infected with syphilis
Congenital syphilis public awareness campaign

Know Your Risk

kernpublichealth.com
Challenges

- Substance use: difficult clients to reach and keep in care
- Lack of transportation and childcare continue to be barriers to care
- No prenatal care and late entry into prenatal care delay diagnosis and treatment
Opportunities

- Increased collaboration with delivery hospitals
- Increased awareness in the community
- Strategies to address lack of prenatal care
- Strategies to address substance use